



midland credit management, inc.

June 1, 2006

certified mail – return receipt requested

Ms. Joanne McNabb, Chief
Office of Privacy Protection
Department of Consumer Affairs
1625 North Market Blvd., Suite N324
Sacramento CA 95834

Dear Ms. McNabb,

Enclosed please find an attached notice (titled “Important Privacy Choice for Consumers”) prepared pursuant to the California Financial Information Privacy Act. We intend to send the attached notice to the California consumers with whom we do business. We have previously submitted this form to our functional regulator for approval. We are now filing this form with the Office of Privacy Protection pursuant to Fin. Code §4053(d)(2)(B).

We have enclosed duplicate copies of this letter and notice. We request that you acknowledge your receipt of this letter and notice including the date of your receipt on the extra copy of this letter and notice and return it to us in the enclosed self-addressed stamped envelope.

If you have any questions or concerns, please feel free to contact me.

Thank you for your cooperation in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "R. Pruitt", is written over a horizontal line.

Robin R. Pruitt
Senior Vice President & General Counsel

RRP/jss
enclosures

sender's direct line: 858-309-6964

robin.pruitt@encorecapitalgroup.com

8875 AERO DRIVE • SAN DIEGO, CALIFORNIA 92123
858-560-2600 • WATS 1-800-825-8131 • FAX 858-309-6977

Important Privacy Choice for Consumers
(For use by California Residents Only)

You have the right to control whether Midland Credit Management, Inc. and its affiliates ("MCM," also referenced below as we, our, and us) share some of your personal information. Please read the following information carefully before you make your choice below.

Your Rights

You have the following rights to restrict the sharing of personal and financial information with outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Your Choice

Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products and Services: Unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

☐ NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

Time Sensitive Reply

You may make your privacy choice at any time. Your choice marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with other companies with whom we have contracts to provide products and services.

Name: _____

MCM Account Number(s): _____

Signature: _____

To exercise your choice, please do one of the following: (1) fill out, sign and return the completed form to us via toll-free facsimile at 1-800-306-4443, or (2) call us toll-free at 1-800-825-8131, extension 2980 (you may want to make a copy for your records).
